

Office use only		
Date rec'd.	Date issued	Permit no.

Site address		Date	
Tenant/building name		Suite/unit no.	
Applicant is <input type="checkbox"/> Property owner <input type="checkbox"/> Contractor <input type="checkbox"/> Well owner		Condominium no.	

Property owner

Name		Phone	
Address	City	State	Zip

Contractor

Name			
Address	City	State	Zip
Phone	Cell phone	License no./Registration no.	

Well owner

Name		Phone	
Address	City	State	Zip

If the well owner is not the property owner, Minnesota Statutes, Chapter 103I.205, requires that "A person may not construct or have constructed a well for the person's own use on the property of another until the owner of the property on which the well is to be located and the intended well user sign a written agreement that identifies which party will be responsible for obtaining all permits or filing notification, paying applicable fees and for sealing the well. If the property owner refuses to sign the agreement, the intended well user may, in lieu of a written agreement, state in

writing to the commissioner that the well user will be responsible for obtaining permits, filing notification, paying applicable fees, and sealing the well. Nothing in this subdivision eliminates the responsibilities of the property owner under this chapter, or allows a person to construct a well on the property of another without consent or other legal authority."

- ☐ Signed agreement exists.
☐ Well owner's statement attached.

I certify that all the information provided is true and complete. I understand that misstatement of facts may result in revocation of the permit.

X _____
Licensed/registered contractor signature

I certify that all the information provided is true and complete.

X _____
Property owner/agent signature

All variance requests must be accompanied by a permit application.

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Project details

Description of work to be done _____

Estimated completion date _____

Type of well <i>Enter total number of all types</i>	Abandonment	No.	Construction	No.	Maintenance	No.
	Water		Water		Water	
	Monitoring		Monitoring		Monitoring	
	Dewatering		Dewatering		Dewatering	

Unique well number/depth <i>Assigned by Minnesota Health Department</i>	Well no.	Depth	Well no.	Depth	Well no.	Depth	Well no.	Depth
	1) _____	_____ feet	4) _____	_____ feet	7) _____	_____ feet	10) _____	_____ feet
	2) _____	_____ feet	5) _____	_____ feet	8) _____	_____ feet	11) _____	_____ feet
	3) _____	_____ feet	6) _____	_____ feet	9) _____	_____ feet	12) _____	_____ feet

Wells constructed through confining layer or into rock <i>Information required for each well.</i>	<input type="checkbox"/> Information attached on separate sheet.
	1) Well diameter _____
	2) Drilling method _____
	3) Casing materials _____
	4) Grout materials/methods _____
	5) Provide cross-sectional diagram of well construction from wellhead completion to screen/open hole.

At-grade wells <i>Information required for each well.</i>	<input type="checkbox"/> Information attached on separate sheet.
	1) Explanation of why well casing cannot terminate 12 inches above the established ground surface.
	2) Provide map showing location of proposed well.
	3) Provide cross-sectional diagram of well construction from wellhead completion to screen/open hole, grout materials, protection used, casing materials and well cap and vault or manhole.

Nearest sources of possible contamination <i>Complete table.</i>	Distance from well	Direction from well	Source of contamination
	_____ feet		
	_____ feet		

Describe location of well _____

I hereby apply for a well permit and I acknowledge that the information above is complete and accurate; that the work will be in conformance with the ordinances and codes of the City of Bloomington and with the Minnesota Department of Health Codes; that I understand this is not a permit but only an application for a permit and work is not to start without a permit; that the work will be in accordance with the approved plan in the case of all work which requires review and approval of plans.

Applicant's signature_____
Date**Please do not write below this line**

Inspector no. _____

Conditions of issuance _____

Other fees? ☐ Yes ☐ No Describe: _____ Amount \$ _____

Permit approved by _____ Date _____